

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Forward Together PAC

ADDRESS (number and street)

201 North Union Street

Suite 300

☒Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00412791

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☒

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Honorable Gerald S. McGowan

Signature of Treasurer

Electronically Filed by Honorable Gerald S. McGowan

Date

01

10

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Forward Together PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		1141560.35
(b) Cash on Hand at Beginning of Reporting Period .....	726695.92	
(c) Total Receipts (from Line 19) .....	46583.05	104628.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	773278.97	1246189.17
7. Total Disbursements (from Line 31) .....	219247.52	692157.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	554031.45	554031.45
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
Forward Together PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	750.00	1150.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	545.00	1835.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1295.00	2985.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1295.00	2985.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	33934.77	68359.79
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	11353.28	33284.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	46583.05	104628.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	46583.05	104628.82

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	170847.52	631657.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	170847.52	631657.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42200.00	49700.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	5000.00	9600.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	5000.00	9600.00
29. Other Disbursements.....	1200.00	1200.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	219247.52	692157.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	219247.52	692157.72

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1295.00	2985.00
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	9600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	-3705.00	-6615.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	170847.52	631657.72
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	33934.77	68359.79
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	136912.75	563297.93

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas A. Deriso

Mailing Address 8615 Old Brompton Rd

City

Chesterfield

State

VA

Zip Code

23832-2464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MBC

Occupation

General Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

Transaction ID: C1579486A

Amount of Each Receipt this Period

250.00

\* Earmarked Contribution:  
See Below**B.**

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total: 1,145.00

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

Transaction ID: C1579486AB

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**Note: Above Contribution  
earmarked through this or-  
ganization.**C.**

Full Name (Last, First, Middle Initial)

Gabriel Goffman

Mailing Address 3550 Tilden St NW

City

Washington

State

DC

Zip Code

20008-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yale University

Occupation

Student

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

Transaction ID: C1579488A

Amount of Each Receipt this Period

500.00

\* Earmarked Contribution:  
See Below

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total: 1,145.00

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 0 7

Transaction ID: C1579488AB

Amount of Each Receipt this Period

500.00

## **[MEMO ITEM]**

Note: Above Contribution  
earmarked through this or-  
ganization.

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 76

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Mark Warner

Mailing Address 201 North Union Street  
Suite 350

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00438713

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22967.07

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 7

Transaction ID: C1579960

Amount of Each Receipt this Period

14400.04

Equipment Purch:Usual/Nor-  
mal Charge

**B.**

Full Name (Last, First, Middle Initial)

Digital Field Group, LLC

Mailing Address PO Box 7173

City State Zip Code  
Alexandria VA 22307-0173

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4140.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 0 7

Transaction ID: C1578722

Amount of Each Receipt this Period

4140.00

Comp/Offc Equip:Usual/Nor-  
mal Cost

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lars D. Anderson

Mailing Address 1133 13th St NW  
Number 8-E

City State Zip Code  
Washington DC 20005-4203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 7

Transaction ID: C1578793

Amount of Each Receipt this Period

271.00

COBRA Premium Payment

**SUBTOTAL** of Receipts This Page (optional) .....

18811.04

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)

ADP

Mailing Address PO Box 2998

City

Alpharetta

State

GA

Zip Code

30023-2998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12785.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: C1578674

Amount of Each Receipt this Period

1015.00

COBRA Premium Payment

**B.**

Full Name (Last, First, Middle Initial)

The Hartford

Mailing Address PO Box 2907

City

Hartford

State

CT

Zip Code

06104-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C1581734

Amount of Each Receipt this Period

388.70

Insurance Refund

**C.**

Full Name (Last, First, Middle Initial)

ADP

Mailing Address PO Box 2998

City

Alpharetta

State

GA

Zip Code

30023-2998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12785.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

Transaction ID: C1582315

Amount of Each Receipt this Period

1012.00

COBRA Premium Payment

**SUBTOTAL** of Receipts This Page (optional) .....

2415.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)

ADP

Mailing Address PO Box 2998

City

Alpharetta

State

GA

Zip Code

30023-2998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12785.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C1584576

Amount of Each Receipt this Period

1018.00

COBRA Premium Payment

**B.**

Full Name (Last, First, Middle Initial)

ADP

Mailing Address PO Box 2998

City

Alpharetta

State

GA

Zip Code

30023-2998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12785.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: C1581337

Amount of Each Receipt this Period

1017.00

COBRA Premium Payment

**C.**

Full Name (Last, First, Middle Initial)

ADP

Mailing Address PO Box 2998

City

Alpharetta

State

GA

Zip Code

30023-2998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12785.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 7

Transaction ID: C1578818

Amount of Each Receipt this Period

971.00

COBRA Premium Payment

**SUBTOTAL** of Receipts This Page (optional) .....

3006.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 76

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)

ADP

Mailing Address PO Box 2998

City

Alpharetta

State

GA

Zip Code

30023-2998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12785.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 0 7

Transaction ID: C1579458

Amount of Each Receipt this Period

935.00

COBRA Premium Payment

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Mark Warner

Mailing Address 201 North Union Street  
Suite 350

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

C00438713

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22967.07

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 7

Transaction ID: C1579959

Amount of Each Receipt this Period

8567.03

List Purchase: Usual/Normal  
Charge

**SUBTOTAL** of Receipts This Page (optional) .....

9502.03

**TOTAL** This Period (last page this line number only) .....

33734.77

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 76

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 1369 Chain Bridge Rd

City

McLean

State

VA

Zip Code

22101-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33284.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: C1578953

Amount of Each Receipt this Period

2580.25

\* Interest

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 1369 Chain Bridge Rd

City

McLean

State

VA

Zip Code

22101-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33284.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: C1579423

Amount of Each Receipt this Period

1776.63

\* Interest

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 1369 Chain Bridge Rd

City

McLean

State

VA

Zip Code

22101-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33284.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: C1584324

Amount of Each Receipt this Period

1783.06

\* Interest

**SUBTOTAL** of Receipts This Page (optional) .....

6139.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 76

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 1369 Chain Bridge Rd

City

McLean

State

VA

Zip Code

22101-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33284.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 7

Transaction ID: C1581187

Amount of Each Receipt this Period

1793.67

\* Interest

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 1369 Chain Bridge Rd

City

McLean

State

VA

Zip Code

22101-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33284.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: C1585948

Amount of Each Receipt this Period

1658.04

\* Interest

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 1369 Chain Bridge Rd

City

McLean

State

VA

Zip Code

22101-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33284.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: C1582008

Amount of Each Receipt this Period

1761.63

\* Interest

**SUBTOTAL** of Receipts This Page (optional) .....

5213.34

**TOTAL** This Period (last page this line number only) .....

11353.28

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
Cintas Document Management

Mailing Address PO Box 633842

City Cincinnati State OH Zip Code 45263-3842

Purpose of Disbursement  
Shredding Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108390**

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Riki H. Parikh

Mailing Address 2301 E St NW  
A620

City Washington State DC Zip Code 20037-2829

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108410**

Date of Disbursement

07 / 15 / 2007

Amount of Each Disbursement this Period

1043.04

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Angelique R. Cannon

Mailing Address 7209 Flower Tuft Ct

City Springfield State VA Zip Code 22153-1508

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108460**

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1710.90

**SUBTOTAL** of Disbursements This Page (optional) .....

2838.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Standard Parking	<b>Transaction ID:</b> D108490 <b>Date of Disbursement</b>																				
Mailing Address 108 N Fairfax St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	7		2	0	0	7												
City Alexandria State VA Zip Code 22314-3224	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Parking Candidate Name	<table border="1"> <tr> <td colspan="10">870.00</td> </tr> </table>	870.00																			
870.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Angelique R. Cannon	<b>Transaction ID:</b> D108570 <b>Date of Disbursement</b>																				
Mailing Address 7209 Flower Tuft Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	7												
City Springfield State VA Zip Code 22153-1508	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1710.89</td> </tr> </table>	1710.89																			
1710.89																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Angelique R. Cannon	<b>Transaction ID:</b> D108660 <b>Date of Disbursement</b>																				
Mailing Address 7209 Flower Tuft Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	7												
City Springfield State VA Zip Code 22153-1508	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1710.90</td> </tr> </table>	1710.90																			
1710.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4291.79**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<b>A.</b> Full Name (Last, First, Middle Initial) The Waverly Group, Inc.	<b>Transaction ID:</b> D108820 <b>Date of Disbursement</b>
Mailing Address 6849 Old Dominion Dr STE 222	<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>
City McLean State VA Zip Code 22101-3724	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Admin/Compliance Services Candidate Name	<input type="text" value="1550.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Columbia Capital, LLC	<b>Transaction ID:</b> D108850 <b>Date of Disbursement</b>
Mailing Address 201 N Union St STE 300	<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Alexandria State VA Zip Code 22314-2650	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone/Cable Service Candidate Name	<input type="text" value="467.46"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ADP, Inc.	<b>Transaction ID:</b> D108870 <b>Date of Disbursement</b>
Mailing Address PO Box 9001007	<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Louisville State KY Zip Code 40290-1007	Amount of Each Disbursement this Period
Purpose of Disbursement Insurance Management Services Fee Candidate Name	<input type="text" value="120.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**2137.46**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
Monica Dixon

Mailing Address 5113 Duvall Dr

City Bethesda State MD Zip Code 20816-1877

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108900

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

4449.28

**B.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement  
Payroll Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D109390

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

162.55

**C.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address 1369 Chain Bridge Rd

City McLean State VA Zip Code 22101-3905

Purpose of Disbursement  
Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D109860

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

41.25

**SUBTOTAL** of Disbursements This Page (optional) .....

4653.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<b>A.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> D109210 <b>Date of Disbursement</b>
Mailing Address 5800 Windward Pkwy	<div> <div>10</div> <div>15</div> <div>2007</div> </div>
City Alpharetta State GA Zip Code 30005-8802	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Taxes Candidate Name	<div>162.53</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) CareFirst BlueCross BlueShield	<b>Transaction ID:</b> D110190 <b>Date of Disbursement</b>
Mailing Address PO Box 79749	<div> <div>07</div> <div>07</div> <div>2007</div> </div>
City Baltimore State MD Zip Code 21279-0749	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Insurance Candidate Name	<div>820.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Monica Dixon	<b>Transaction ID:</b> D108461 <b>Date of Disbursement</b>
Mailing Address 5113 Duvall Dr	<div> <div>07</div> <div>31</div> <div>2007</div> </div>
City Bethesda State MD Zip Code 20816-1877	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary Candidate Name	<div>5388.28</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**6370.81**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Monica Dixon	<b>Transaction ID:</b> D108571 <b>Date of Disbursement</b>
Mailing Address 5113 Duvall Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 7</div> </div>
City Bethesda State MD Zip Code 20816-1877	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary Candidate Name	<div> <div>5388.28</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Monica Dixon	<b>Transaction ID:</b> D108661 <b>Date of Disbursement</b>
Mailing Address 5113 Duvall Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 7</div> </div>
City Bethesda State MD Zip Code 20816-1877	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary Candidate Name	<div> <div>5388.28</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> D108681 <b>Date of Disbursement</b>
Mailing Address 1369 Chain Bridge Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>
City McLean State VA Zip Code 22101-3905	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Fee Candidate Name	<div> <div>45.35</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**10821.91**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ricoh Business Systems	<b>Transaction ID:</b> D108821 <b>Date of Disbursement</b>																				
Mailing Address PO Box 905804	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	7												
City Charlotte State NC Zip Code 28290-5804	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Equipment Maintenance Candidate Name	<table border="1"> <tr> <td colspan="10">408.00</td> </tr> </table>	408.00																			
408.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ACC Business	<b>Transaction ID:</b> D108851 <b>Date of Disbursement</b>																				
Mailing Address PO Box 13136	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	7												
City Newark State NJ Zip Code 07101-5636	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Candidate Name	<table border="1"> <tr> <td colspan="10">561.00</td> </tr> </table>	561.00																			
561.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Courtney Dozier	<b>Transaction ID:</b> D108901 <b>Date of Disbursement</b>																				
Mailing Address 1006 Oronoco St Apt 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	2		2	0	0	7												
City Alexandria State VA Zip Code 22314-2237	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1460.27</td> </tr> </table>	1460.27																			
1460.27																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2429.27**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC**A.**

Full Name (Last, First, Middle Initial)

Ms. Courtney Dozier

**Transaction ID:** D109211

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Mailing Address 1006 Oronoco St  
Apt 2

Amount of Each Disbursement this Period

City Alexandria State VA Zip Code 22314-2237

537.19

Purpose of Disbursement  
Salary001  
Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Ms. Courtney Dozier

**Transaction ID:** D109391

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Mailing Address 1006 Oronoco St  
Apt 2

Amount of Each Disbursement this Period

City Alexandria State VA Zip Code 22314-2237

537.18

Purpose of Disbursement  
Salary001  
Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

The Waverly Group, Inc.

**Transaction ID:** D109631

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	0	7

Mailing Address 6849 Old Dominion Dr  
STE 222

Amount of Each Disbursement this Period

City McLean State VA Zip Code 22101-3724

1550.00

Purpose of Disbursement  
PAC Admin/Compliance Services001  
Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

2624.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
LexisNexis

Mailing Address PO Box 72477090

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement  
Internet Research Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108391**

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

345.00

**B.**

Full Name (Last, First, Middle Initial)  
NGP Software, Inc.

Mailing Address 1225 I St NW  
Ste 1225

City Washington State DC Zip Code 20005-5918

Purpose of Disbursement  
Database Support

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108392**

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1950.00

**C.**

Full Name (Last, First, Middle Initial)  
Verizon Conferencing

Mailing Address PO Box 70129

City Chicago State IL Zip Code 60673-0129

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108412**

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

194.40

**SUBTOTAL** of Disbursements This Page (optional) .....

2489.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City State Zip Code  
Alpharetta GA 30005-8802

Purpose of Disbursement  
Payroll Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108452

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Courtney Dozier

Mailing Address 1006 Oronoco St  
Apt 2

City State Zip Code  
Alexandria VA 22314-2237

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108462

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

771.54

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Courtney Dozier

Mailing Address 1006 Oronoco St  
Apt 2

City State Zip Code  
Alexandria VA 22314-2237

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108572

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

771.54

**SUBTOTAL** of Disbursements This Page (optional) .....

1557.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Courtney Dozier

Mailing Address 1006 Oronoco St  
Apt 2

City Alexandria State VA Zip Code 22314-2237

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108662

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

771.54

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 1369 Chain Bridge Rd

City McLean State VA Zip Code 22101-3905

Purpose of Disbursement  
Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108682

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

8.93

**C.**

Full Name (Last, First, Middle Initial)

Parature

Mailing Address CH DEPT  
# 17341

City Palatine State IL Zip Code 60055-0001

Purpose of Disbursement  
Software Customization/Implementation

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108822

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

5322.31

**SUBTOTAL** of Disbursements This Page (optional) .....

6102.78

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC**A.**Full Name (Last, First, Middle Initial)  
LexisNexis

Mailing Address PO Box 72477090

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement  
Internet Research Service

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108892

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

345.00

**B.**Full Name (Last, First, Middle Initial)  
Mr. Nicholas HowieMailing Address 2021 Mill Rd  
Number 109

City Alexandria State VA Zip Code 22314-4658

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108902

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

1147.44

**C.**Full Name (Last, First, Middle Initial)  
Katherine Buchanan

Mailing Address 102 Lake Cook Dr

City Alexandria State VA Zip Code 22304-6451

Purpose of Disbursement  
Accounting/Compliance Services

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108942

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

3800.00

SUBTOTAL of Disbursements This Page (optional) ▶

5292.44

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
Katherine Buchanan

Mailing Address 102 Lake Cook Dr

City Alexandria State VA Zip Code 22304-6451

Purpose of Disbursement  
Accounting/Compliance Services  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
State: District: ☐ Other (specify) ▼

Transaction ID: D109332

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

1800.00

**B.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement  
Payroll Service Charge  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
State: District: ☐ Other (specify) ▼

Transaction ID: D109912

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

85.83

**C.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address 1369 Chain Bridge Rd

City McLean State VA Zip Code 22101-3905

Purpose of Disbursement  
Bank Fee  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
State: District: ☐ Other (specify) ▼

Transaction ID: D110182

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

40.05

**SUBTOTAL** of Disbursements This Page (optional) .....

1925.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Riki H. Parikh

Mailing Address 2301 E St NW  
A620

City Washington State DC Zip Code 20037-2829

Purpose of Disbursement  
Metro/Parking Reimbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108393**

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

155.10

**B.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement  
Payroll Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108403**

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

103.73

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Riki H. Parikh

Mailing Address 2301 E St NW  
A620

City Washington State DC Zip Code 20037-2829

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108463**

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1043.03

**SUBTOTAL** of Disbursements This Page (optional) .....

1301.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Riki H. Parikh</p> <p>Mailing Address 2301 E St NW A620</p> <p>City Washington State DC Zip Code 20037-2829</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D108573 <b>Date of Disbursement</b>  <div> <div>08</div> <div>15</div> <div>2007</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1043.04</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Waverly Group, Inc.</p> <p>Mailing Address 6849 Old Dominion Dr STE 222</p> <p>City McLean State VA Zip Code 22101-3724</p> <p>Purpose of Disbursement PAC Admin/Compliance Services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D108593 <b>Date of Disbursement</b>  <div> <div>08</div> <div>06</div> <div>2007</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1655.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Nicholas Howie</p> <p>Mailing Address 2021 Mill Rd Number 109</p> <p>City Alexandria State VA Zip Code 22314-4658</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D108663 <b>Date of Disbursement</b>  <div> <div>08</div> <div>31</div> <div>2007</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1605.83</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4303.87**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
Deer Park

Mailing Address PO Box 856192

City Louisville State KY Zip Code 40285-6192

Purpose of Disbursement  
Water Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108823**

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

18.57

**B.**

Full Name (Last, First, Middle Initial)  
Ricoh Business Systems

Mailing Address PO Box 905804

City Charlotte State NC Zip Code 28290-5804

Purpose of Disbursement  
Equipment Maintenance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108893**

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

408.00

**C.**

Full Name (Last, First, Middle Initial)  
Columbia Capital, LLC

Mailing Address 201 N Union St  
STE 300

City Alexandria State VA Zip Code 22314-2650

Purpose of Disbursement  
Telephone/Cable Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108943**

Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

443.25

**SUBTOTAL** of Disbursements This Page (optional) .....

869.82

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Standard Parking	<b>Transaction ID:</b> D109003 <b>Date of Disbursement</b>																				
Mailing Address 108 N Fairfax St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	6		2	0	7													
City Alexandria State VA Zip Code 22314-3224	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Parking Candidate Name	<table border="1"> <tr> <td colspan="10">145.00</td> </tr> </table>	145.00																			
145.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> D109243 <b>Date of Disbursement</b>																				
Mailing Address 1369 Chain Bridge Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	7													
City McLean State VA Zip Code 22101-3905	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">41.85</td> </tr> </table>	41.85																			
41.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Public Storage	<b>Transaction ID:</b> D109333 <b>Date of Disbursement</b>																				
Mailing Address 370 Holland Ln	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	7													
City Alexandria State VA Zip Code 22314-3418	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Storage Fee Candidate Name	<table border="1"> <tr> <td colspan="10">529.90</td> </tr> </table>	529.90																			
529.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

716.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 1369 Chain Bridge Rd

City McLean State VA Zip Code 22101-3905

Purpose of Disbursement

Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D109553**

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

41.75

**B.**

Full Name (Last, First, Middle Initial)

ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement

Payroll Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D109913**

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

162.53

**C.**

Full Name (Last, First, Middle Initial)

Mr. Riki H. Parikh

Mailing Address 2301 E St NW  
A620

City Washington State DC Zip Code 20037-2829

Purpose of Disbursement

Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108903**

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

849.05

**SUBTOTAL** of Disbursements This Page (optional) .....

1053.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement  
Payroll Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D109503

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

85.83

**B.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement  
Payroll Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D110183

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

220.26

**C.**

Full Name (Last, First, Middle Initial)  
T-Mobile

Mailing Address PO Box 742596

City Cincinnati State OH Zip Code 45274-2596

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108394

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

94.51

**SUBTOTAL** of Disbursements This Page (optional) .....

400.60

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement

Payroll Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108404**

Date of Disbursement

07 / 15 / 2007

Amount of Each Disbursement this Period

6416.24

**B.**

Full Name (Last, First, Middle Initial)  
Columbia Capital, LLC

Mailing Address 201 N Union St  
STE 300

City Alexandria State VA Zip Code 22314-2650

Purpose of Disbursement

Telephone/Cable Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108474**

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

540.60

**C.**

Full Name (Last, First, Middle Initial)  
The Hartford

Mailing Address PO Box 2907

City Hartford State CT Zip Code 06104-2907

Purpose of Disbursement

Insurance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108594**

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1714.50

**SUBTOTAL** of Disbursements This Page (optional) .....

8671.34

**TOTAL** This Period (last page this line number only) .....

PAGE 34 / 76

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
Forward Together PAC

Full Name (Last, First, Middle Initial)  
Mr. Riki H. Parikh

Mailing Address 2301 E St NW  
A620

City	State	Zip Code
Washington	DC	20037-2829

Purpose of Disbursement	Salary

Candidate Name

Category/ Type	001
-------------------	-----

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

1043.04

Full Name (Last, First, Middle Initial)  
T-Mobile

Mailing Address PO Box 742596

City	State	Zip Code
Cincinnati	OH	45274-2596

Purpose of Disbursement	Telephone

Candidate Name

Category/ Type	001
-------------------	-----

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

94.51

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address 1369 Chain Bridge Rd

City	State	Zip Code
McLean	VA	22101-3905

Purpose of Disbursement	Bank Fee

Candidate Name

Category/ Type	001
-------------------	-----

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

36.95

**SUBTOTAL** of Disbursements This Page (optional) .....

1174.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
RealCo

Mailing Address 201 N Union St  
Suite 110

City Alexandria State VA Zip Code 22314-2642

Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108904**

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

2841.19

**B.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement  
Payroll Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D109004**

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

85.83

**C.**

Full Name (Last, First, Middle Initial)  
Verizon Conferencing

Mailing Address PO Box 70129

City Chicago State IL Zip Code 60673-0129

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D109104**

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

746.77

**SUBTOTAL** of Disbursements This Page (optional) .....

3673.79

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC**A.**Full Name (Last, First, Middle Initial)  
ADP, Inc.

Mailing Address PO Box 9001007

City Louisville State KY Zip Code 40290-1007

Purpose of Disbursement  
Insurance Management Services Fee  
Candidate Name001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
Other (specify) ▼  
State: District:

Transaction ID: D109334

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

120.00

**B.**Full Name (Last, First, Middle Initial)  
LexisNexis

Mailing Address PO Box 72477090

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement  
Internet Research Service  
Candidate Name001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
Other (specify) ▼  
State: District:

Transaction ID: D109354

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

345.00

**C.**Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement  
Payroll Taxes  
Candidate Name001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
Other (specify) ▼  
State: District:

Transaction ID: D109504

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

162.53

SUBTOTAL of Disbursements This Page (optional) .....

627.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
CareFirst BlueCross BlueShield

Mailing Address PO Box 79749

City Baltimore State MD Zip Code 21279-0749

Purpose of Disbursement  
Insurance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D109754**

Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

2602.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Courtney Dozier

Mailing Address 1006 Oronoco St  
Apt 2

City Alexandria State VA Zip Code 22314-2237

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D109914**

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

537.19

**C.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address 1369 Chain Bridge Rd

City McLean State VA Zip Code 22101-3905

Purpose of Disbursement  
Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D110184**

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

10.94

**SUBTOTAL** of Disbursements This Page (optional) .....

3150.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ricoh Business Systems <hr/> Mailing Address PO Box 905804	<b>Transaction ID:</b> D108464 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	9		2	0	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	9		2	0	0	7													
City Charlotte State NC Zip Code 28290-5804 Purpose of Disbursement Equipment Maintenance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>408.00</td> </tr> </table>	408.00																				
408.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Lars D. Anderson <hr/> Mailing Address 1133 13th St NW Number 8-E City Washington State DC Zip Code 20005-4203 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D108405 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1349.04</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	7	1349.04
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	5		2	0	0	7													
1349.04																						
<b>C.</b> Full Name (Last, First, Middle Initial) Deer Park <hr/> Mailing Address PO Box 856192 City Louisville State KY Zip Code 40285-6192 Purpose of Disbursement Water Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D108465 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>7.16</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	9		2	0	0	7	7.16
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	9		2	0	0	7													
7.16																						

**SUBTOTAL** of Disbursements This Page (optional) .....

1764.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
Katherine Buchanan

Mailing Address 102 Lake Cook Dr

City Alexandria State VA Zip Code 22304-6451

Purpose of Disbursement  
Accounting/Compliance Services  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108475**

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

3800.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Riki H. Parikh

Mailing Address 2301 E St NW  
A620

City Washington State DC Zip Code 20037-2829

Purpose of Disbursement  
Parking Reimbursement  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108585**

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)  
T-Mobile

Mailing Address PO Box 742596

City Cincinnati State OH Zip Code 45274-2596

Purpose of Disbursement  
Telephone  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108595**

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

94.51

**SUBTOTAL** of Disbursements This Page (optional) .....

3908.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City State Zip Code  
Alpharetta GA 30005-8802

Purpose of Disbursement

Payroll Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108665

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

5759.23

**B.**

Full Name (Last, First, Middle Initial)  
Skyy Enterprise, LLC

Mailing Address 4 W Broad St

City State Zip Code  
Richmond VA 23220-4213

Purpose of Disbursement

Catering/Events

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108865

Date of Disbursement

09 / 06 / 2007

Amount of Each Disbursement this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)  
The Waverly Group, Inc.

Mailing Address 6849 Old Dominion Dr  
STE 222

City State Zip Code  
McLean VA 22101-3724

Purpose of Disbursement  
PAC Admin/Compliance Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D109355

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

1550.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7909.23

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Courtney Dozier

Mailing Address 1006 Oronoco St  
Apt 2

City Alexandria State VA Zip Code 22314-2237

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109505

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

537.19

**B.**

Full Name (Last, First, Middle Initial)

Ms. Courtney Dozier

Mailing Address 1006 Oronoco St  
Apt 2

City Alexandria State VA Zip Code 22314-2237

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109845

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

537.19

**C.**

Full Name (Last, First, Middle Initial)

ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement  
Payroll Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109005

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

208.41

**SUBTOTAL** of Disbursements This Page (optional) .....

1282.79

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC**A.**Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement  
Payroll Service Charge

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109225

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	7

Amount of Each Disbursement this Period

14.00

**B.**Full Name (Last, First, Middle Initial)  
Ms. Angelique R. Cannon

Mailing Address 7209 Flower Tuft Ct

City Springfield State VA Zip Code 22153-1508

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D108406

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	7

Amount of Each Disbursement this Period

1710.89

**C.**Full Name (Last, First, Middle Initial)  
Mr. Riki H. ParikhMailing Address 2301 E St NW  
A620

City Washington State DC Zip Code 20037-2829

Purpose of Disbursement  
Postage Reimbursement

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D108466

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	0	7

Amount of Each Disbursement this Period

123.00

SUBTOTAL of Disbursements This Page (optional) .....

1847.89

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC**A.**Full Name (Last, First, Middle Initial)  
Katherine Buchanan

Mailing Address 102 Lake Cook Dr

City Alexandria State VA Zip Code 22304-6451

Purpose of Disbursement  
Accounting/Compliance Services  
Candidate Name001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: D108476

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

3800.00

**B.**Full Name (Last, First, Middle Initial)  
Verizon Conferencing

Mailing Address PO Box 70129

City Chicago State IL Zip Code 60673-0129

Purpose of Disbursement  
Telephone  
Candidate Name001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: D108586

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

784.64

**C.**Full Name (Last, First, Middle Initial)  
Monica Dixon

Mailing Address 5113 Duvall Dr

City Bethesda State MD Zip Code 20816-1877

Purpose of Disbursement  
Travel/Lodging Reimbursement  
Candidate Name002  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: D108666

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

669.53

SUBTOTAL of Disbursements This Page (optional) .....

5254.17

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC**A.**Full Name (Last, First, Middle Initial)  
Cintas Document Management

Mailing Address PO Box 633842

City Cincinnati State OH Zip Code 45263-3842

Purpose of Disbursement  
Shredding Services

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108846

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

85.00

**B.**Full Name (Last, First, Middle Initial)  
Ms. Courtney DozierMailing Address 1006 Oronoco St  
Apt 2

City Alexandria State VA Zip Code 22314-2237

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D109006

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

623.38

**C.**Full Name (Last, First, Middle Initial)  
ADP, Inc.

Mailing Address PO Box 9001007

City Louisville State KY Zip Code 40290-1007

Purpose of Disbursement  
Insurance Management Services Fee

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D109056

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional) .....

828.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Courtney Dozier

Mailing Address 1006 Oronoco St  
Apt 2

City Alexandria State VA Zip Code 22314-2237

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D109636

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

537.18

**B.**

Full Name (Last, First, Middle Initial)

ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement  
Payroll Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D109846

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

162.53

**C.**

Full Name (Last, First, Middle Initial)

CareFirst BlueCross BlueShield

Mailing Address PO Box 79749

City Baltimore State MD Zip Code 21279-0749

Purpose of Disbursement  
Insurance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D110186

Date of Disbursement

11 / 10 / 2007

Amount of Each Disbursement this Period

860.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1559.71

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC**A.**Full Name (Last, First, Middle Initial)  
Cintas Document Management

Mailing Address PO Box 633842

City Cincinnati State OH Zip Code 45263-3842

Purpose of Disbursement  
Shredding Services

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108596

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

85.00

**B.**Full Name (Last, First, Middle Initial)  
RealCoMailing Address 201 N Union St  
Suite 110

City Alexandria State VA Zip Code 22314-2642

Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D106226

Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

4486.10

**C.**Full Name (Last, First, Middle Initial)  
ACC Business

Mailing Address PO Box 13136

City Newark State NJ Zip Code 07101-5636

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108387

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

561.00

SUBTOTAL of Disbursements This Page (optional) ▶

5132.10

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
Monica Dixon

Mailing Address 5113 Duvall Dr

City Bethesda State MD Zip Code 20816-1877

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

**Transaction ID:** D108407

Date of Disbursement

07 / 15 / 2007

Amount of Each Disbursement this Period

4923.28

**B.**

Full Name (Last, First, Middle Initial)  
RealCo

Mailing Address 201 N Union St  
Suite 110

City Alexandria State VA Zip Code 22314-2642

Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

**Transaction ID:** D108477

Date of Disbursement

09 / 01 / 2007

Amount of Each Disbursement this Period

4486.10

**C.**

Full Name (Last, First, Middle Initial)  
ADP, Inc.

Mailing Address PO Box 9001007

City Louisville State KY Zip Code 40290-1007

Purpose of Disbursement  
Insurance Management Services Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

**Transaction ID:** D108587

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

120.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9529.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Conferencing <hr/> Mailing Address PO Box 70129	<b>Transaction ID:</b> D108847 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	7												
City Chicago State IL Zip Code 60673-0129 Purpose of Disbursement Telephone Candidate Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">1214.90</div>																				
<b>B.</b> Full Name (Last, First, Middle Initial) ADP <hr/> Mailing Address 5800 Windward Pkwy City Alpharetta State GA Zip Code 30005-8802 Purpose of Disbursement Payroll Service Charge Candidate Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D108897 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">94.55</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	2		2	0	0	7												
<b>C.</b> Full Name (Last, First, Middle Initial) The Waverly Group, Inc. <hr/> Mailing Address 6849 Old Dominion Dr STE 222 City McLean State VA Zip Code 22101-3724 Purpose of Disbursement PAC Admin/Compliance Services Candidate Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D109007 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">1550.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	0	7												

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**2859.45**

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<b>A.</b> Full Name (Last, First, Middle Initial) ACC Business	<b>Transaction ID:</b> D109057 <b>Date of Disbursement</b>																				
Mailing Address PO Box 13136	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	0	7												
City Newark State NJ Zip Code 07101-5636	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Candidate Name	<table border="1"> <tr> <td colspan="10">561.00</td> </tr> </table>	561.00																			
561.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) New York Times	<b>Transaction ID:</b> D109467 <b>Date of Disbursement</b>																				
Mailing Address 1 City Hall	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	0	7												
City New York State NY Zip Code 10007-1298	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Dues/Subscriptions Candidate Name	<table border="1"> <tr> <td colspan="10">39.68</td> </tr> </table>	39.68																			
39.68																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> D109637 <b>Date of Disbursement</b>																				
Mailing Address 5800 Windward Pkwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	6		2	0	0	7												
City Alpharetta State GA Zip Code 30005-8802	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Service Charge Candidate Name	<table border="1"> <tr> <td colspan="10">85.83</td> </tr> </table>	85.83																			
85.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**686.51**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City State Zip Code  
Alpharetta GA 30005-8802

Purpose of Disbursement  
Payroll Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109847

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

85.83

**B.**

Full Name (Last, First, Middle Initial)  
CareFirst BlueCross BlueShield

Mailing Address PO Box 79749

City State Zip Code  
Baltimore MD 21279-0749

Purpose of Disbursement  
Insurance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D110187

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

820.00

**C.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City State Zip Code  
Alpharetta GA 30005-8802

Purpose of Disbursement  
Payroll Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D108457

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

94.55

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
RealCo

Mailing Address 201 N Union St  
Suite 110

City Alexandria State VA Zip Code 22314-2642

Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D106227

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

4486.10

**B.**

Full Name (Last, First, Middle Initial)  
Alexandria Mini Storage

Mailing Address 310 Hooffs Run Dr

City Alexandria State VA Zip Code 22314-4646

Purpose of Disbursement  
Storage Unit Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108388

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

355.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Courtney Dozier

Mailing Address 1006 Oronoco St  
Apt 2

City Alexandria State VA Zip Code 22314-2237

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108408

Date of Disbursement

07 / 15 / 2007

Amount of Each Disbursement this Period

771.55

**SUBTOTAL** of Disbursements This Page (optional) .....

5612.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement

Payroll Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108458**

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

5953.62

**B.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement

Payroll Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108568**

Date of Disbursement

08 / 11 / 2007

Amount of Each Disbursement this Period

92.37

**C.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement

Payroll Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108798**

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

14.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6059.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Standard Parking	<b>Transaction ID:</b> D108848 <b>Date of Disbursement</b>																				
Mailing Address 108 N Fairfax St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	7												
City Alexandria State VA Zip Code 22314-3224	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Parking Candidate Name	<table border="1"> <tr> <td colspan="10">870.00</td> </tr> </table>	870.00																			
870.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> D108898 <b>Date of Disbursement</b>																				
Mailing Address 5800 Windward Pkwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	2		2	0	0	7												
City Alpharetta State GA Zip Code 30005-8802	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">5257.73</td> </tr> </table>	5257.73																			
5257.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> D109638 <b>Date of Disbursement</b>																				
Mailing Address 5800 Windward Pkwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	7												
City Alpharetta State GA Zip Code 30005-8802	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">162.55</td> </tr> </table>	162.55																			
162.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6290.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Public Storage</p> <p>Mailing Address 370 Holland Ln</p> <p>City Alexandria State VA Zip Code 22314-3418</p> <p>Purpose of Disbursement Storage Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D109688</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1544.70"/></p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Waverly Group, Inc.</p> <p>Mailing Address 6849 Old Dominion Dr STE 222</p> <p>City McLean State VA Zip Code 22101-3724</p> <p>Purpose of Disbursement PAC Admin/Compliance Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D109848</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1550.00"/></p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CareFirst BlueCross BlueShield</p> <p>Mailing Address PO Box 79749</p> <p>City Baltimore State MD Zip Code 21279-0749</p> <p>Purpose of Disbursement Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D110188</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="820.00"/></p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3914.70**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
ACC Business

Mailing Address PO Box 13136

City Newark State NJ Zip Code 07101-5636

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108588**

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

561.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Angelique R. Cannon

Mailing Address 7209 Flower Tuft Ct

City Springfield State VA Zip Code 22153-1508

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108389**

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

99.90

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Casey Fitzmaurice

Mailing Address 785 Pewter Ct.  
#106

City Charlottesville State VA Zip Code 22911

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108409**

Date of Disbursement

07 / 15 / 2007

Amount of Each Disbursement this Period

276.29

**SUBTOTAL** of Disbursements This Page (optional) .....

937.19

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC**A.**

Full Name (Last, First, Middle Initial)

Mr. Lars D. Anderson

**Transaction ID:** D108459

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	7

Mailing Address 1133 13th St NW  
Number 8-E

Amount of Each Disbursement this Period

3	1	7	.	7	8
---	---	---	---	---	---

City Washington State DC Zip Code 20005-4203

Purpose of Disbursement  
Salary

001
Category/ Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Office Paper Systems, Inc.

**Transaction ID:** D108489

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	7

Mailing Address 7650 Airpark Rd

Amount of Each Disbursement this Period

1	3	0	.	0	0
---	---	---	---	---	---

City Gaithersburg State MD Zip Code 20879-4156

Purpose of Disbursement  
Recycling Services

001
Category/ Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

ADP

**Transaction ID:** D108569

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	7

Mailing Address 5800 Windward Pkwy

Amount of Each Disbursement this Period

5	8	9	.	5	3
---	---	---	---	---	---

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement  
Payroll Taxes

001
Category/ Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6343.13

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City State Zip Code  
Alpharetta GA 30005-8802

Purpose of Disbursement  
Payroll Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108659

Date of Disbursement

08 / 21 / 2007

Amount of Each Disbursement this Period

94.55

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Nicholas Howie

Mailing Address 2021 Mill Rd  
Number 109

City State Zip Code  
Alexandria VA 22314-4658

Purpose of Disbursement  
Metro Reimbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108849

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

45.10

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Angelique R. Cannon

Mailing Address 7209 Flower Tuft Ct

City State Zip Code  
Springfield VA 22153-1508

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108899

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

2247.51

**SUBTOTAL** of Disbursements This Page (optional) .....

2387.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 5800 Windward Pkwy

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement  
Payroll Service Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108929

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)  
Deer Park

Mailing Address PO Box 856192

City Louisville State KY Zip Code 40285-6192

Purpose of Disbursement  
Water Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108959

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

47.99

**C.**

Full Name (Last, First, Middle Initial)  
NGP Software, Inc.

Mailing Address 1225 I St NW  
Ste 1225

City Washington State DC Zip Code 20005-5918

Purpose of Disbursement  
Database Support

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D109129

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1950.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2011.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<b>A.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> D109209 <b>Date of Disbursement</b>																				
Mailing Address 5800 Windward Pkwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	0	7												
City Alpharetta State GA Zip Code 30005-8802	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Service Charge Candidate Name	<table border="1"> <tr> <td colspan="10">92.83</td> </tr> </table>	92.83																			
92.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> D109389 <b>Date of Disbursement</b>																				
Mailing Address 5800 Windward Pkwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	0	7												
City Alpharetta State GA Zip Code 30005-8802	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Service Charge Candidate Name	<table border="1"> <tr> <td colspan="10">85.83</td> </tr> </table>	85.83																			
85.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Katherine Buchanan	<b>Transaction ID:</b> D109629 <b>Date of Disbursement</b>																				
Mailing Address 102 Lake Cook Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	7												
City Alexandria State VA Zip Code 22304-6451	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Accounting/Compliance Services Candidate Name	<table border="1"> <tr> <td colspan="10">1800.00</td> </tr> </table>	1800.00																			
1800.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1978.66

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
Forward Together PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
Bank Of America

Mailing Address PO Box 17220

City Baltimore State MD Zip Code 21297-1220

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108478**

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

4269.87

**B.**

Full Name (Last, First, Middle Initial)  
The Hotel California

Mailing Address 1670 Ocean Ave

City Santa Monica State CA Zip Code 90401-3212

Purpose of Disbursement  
Travel/Lodging

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108480**

Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

570.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
American Airlines

Mailing Address PO Box 619616

City Dallas State TX Zip Code 75261-9616

Purpose of Disbursement  
Airfare

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108481**

Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

767.59

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

4269.87

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 1270	<b>Transaction ID:</b> D108906 <b>Date of Disbursement</b> <div> <div>08</div> <div>31</div> <div>2007</div> </div>
City Newark State NJ Zip Code 07101-1270 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>3422.87</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Voxel Dot Net, Inc. Mailing Address 29 Broadway FI 30 City New York State NY Zip Code 10006-3216 Purpose of Disbursement Internet Infrastructure Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D108910 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>299.00</div> <div>Category/Type</div> <div>001</div> <div>[MEMO ITEM]</div>
<b>C.</b> Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address PO Box 72470244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Delivery/Courier Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D108911 <b>Date of Disbursement</b> <div> <div>08</div> <div>26</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>493.44</div> <div>Category/Type</div> <div>001</div> <div>[MEMO ITEM]</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

3422.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
New York Times

Mailing Address 1 City Hall

City State Zip Code  
New York NY 10007-1298

Purpose of Disbursement  
Dues/Subscriptions

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108913**

Date of Disbursement

08 / 26 / 2007

Amount of Each Disbursement this Period

76.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Intuit

Mailing Address PO Box 513340

City State Zip Code  
Los Angeles CA 90051-3340

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108914**

Date of Disbursement

07 / 26 / 2007

Amount of Each Disbursement this Period

341.83

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Public Storage

Mailing Address 370 Holland Ln

City State Zip Code  
Alexandria VA 22314-3418

Purpose of Disbursement  
Storage Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D108907**

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

1800.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC**A.**Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address 1100 Wythe St

City Alexandria State VA Zip Code 22314-1843

Purpose of Disbursement  
Postage

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108908

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	0	7

Amount of Each Disbursement this Period

58.40

**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
Voxel Dot Net, Inc.Mailing Address 29 Broadway  
FI 30

City New York State NY Zip Code 10006-3216

Purpose of Disbursement  
Internet Infrastructure Services

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108909

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Amount of Each Disbursement this Period

299.00

**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
Bank Of America

Mailing Address PO Box 17220

City Baltimore State MD Zip Code 21297-1220

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108966

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	0	7

Amount of Each Disbursement this Period

153.33

**SUBTOTAL** of Disbursements This Page (optional) .....

153.33

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC**A.**Full Name (Last, First, Middle Initial)  
Staples

Mailing Address PO Box 9020

City State Zip Code  
Des Moines IA 50368-0001Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D108967

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	7

Amount of Each Disbursement this Period

153.33

**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
American Express

Mailing Address PO Box 1270

City State Zip Code  
Newark NJ 07101-1270Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109946

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	7

Amount of Each Disbursement this Period

351.49

**C.**Full Name (Last, First, Middle Initial)  
Intuit

Mailing Address PO Box 513340

City State Zip Code  
Los Angeles CA 90051-3340Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109947

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	7

Amount of Each Disbursement this Period

52.49

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

351.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
Voxel Dot Net, Inc.

Mailing Address 29 Broadway  
FI 30

City New York State NY Zip Code 10006-3216

Purpose of Disbursement  
Internet Infrastructure Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109948

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

299.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109949

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

528.37

**C.**

Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address 1100 Wythe St

City Alexandria State VA Zip Code 22314-1843

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109950

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

19.82

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

528.37

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC**A.**Full Name (Last, First, Middle Initial)  
Voxel Dot Net, Inc.Mailing Address 29 Broadway  
FI 30City State Zip Code  
New York NY 10006-3216Purpose of Disbursement  
Internet Infrastructure Services

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D109951

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Amount of Each Disbursement this Period

299.00

**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
Staples

Mailing Address PO Box 9020

City State Zip Code  
Des Moines IA 50368-0001Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D109952

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	7

Amount of Each Disbursement this Period

149.56

**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
American Express

Mailing Address PO Box 1270

City State Zip Code  
Newark NJ 07101-1270Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D109954

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	7

Amount of Each Disbursement this Period

343.19

**SUBTOTAL** of Disbursements This Page (optional) .....

343.19

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC**A.**Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address 1100 Wythe St

City Alexandria State VA Zip Code 22314-1843

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D109955

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

44.19

**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
Voxel Dot Net, Inc.Mailing Address 29 Broadway  
FI 30

City New York State NY Zip Code 10006-3216

Purpose of Disbursement  
Internet Infrastructure Services

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D109956

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

299.00

**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
American Express

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D110191

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

340.00

**SUBTOTAL** of Disbursements This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
Voxel Dot Net, Inc.

Mailing Address 29 Broadway  
FI 30

City State Zip Code  
New York NY 10006-3216

Purpose of Disbursement  
Internet Infrastructure Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D110192

Date of Disbursement

1 2 / 1 3 / 2 0 0 7

Amount of Each Disbursement this Period

299.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address 1100 Wythe St

City State Zip Code  
Alexandria VA 22314-1843

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D110193

Date of Disbursement

1 2 / 1 4 / 2 0 0 7

Amount of Each Disbursement this Period

41.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

170726.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC**A.**Full Name (Last, First, Middle Initial)  
Citizens for Harkin

Mailing Address PO Box 811

City State Zip Code  
Des Moines IA 50304-0811Purpose of Disbursement  
ContributionCandidate Name  
Thomas Richard HarkinOffice Sought: ☐ House  
☒ Senate  
☐ President

State: IA District: 00

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D109870

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	7

Amount of Each Disbursement this Period

4700.00

**B.**Full Name (Last, First, Middle Initial)  
Lautenberg for SenateMailing Address PO Box 200596  
Riverfront Plaza StationCity State Zip Code  
Newark NJ 07102-0310Purpose of Disbursement  
ContributionCandidate Name  
Frank R LautenbergOffice Sought: ☐ House  
☒ Senate  
☐ President

State: NJ District: 00

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109871

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	7

Amount of Each Disbursement this Period

5000.00

**C.**Full Name (Last, First, Middle Initial)  
Forgit for Congress

Mailing Address PO Box 6504

City State Zip Code  
Williamsburg VA 23188-5225Purpose of Disbursement  
Contribution Special Election 12/10/2007Candidate Name  
Philip ForgitOffice Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 01

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Special

Transaction ID: D109632

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	7

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

14700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

**A.**

Full Name (Last, First, Middle Initial)  
Lautenberg for Senate

Mailing Address PO Box 200596  
Riverfront Plaza Station

City Newark State NJ Zip Code 07102-0310

Purpose of Disbursement  
Contribution

Candidate Name  
Frank R Lautenberg

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: D109872

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Reed Committee

Mailing Address 303 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5701

Purpose of Disbursement  
Contribution

Candidate Name  
Reed. Jack

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: D109873

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Shaheen for Senate Committee

Mailing Address 2 1/2 Beacon St

City Concord State NH Zip Code 03301-4437

Purpose of Disbursement  
Contribution

Candidate Name  
Jeanne Shaheen

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: D110003

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Reed Committee	<b>Transaction ID:</b> D109054 <b>Date of Disbursement</b>																				
Mailing Address 303 Massachusetts Ave NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	0	7												
City Washington State DC Zip Code 20002-5701	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Reed, Jack	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 00																					
<b>B.</b> Full Name (Last, First, Middle Initial) Mark Pryor for US Senate Committee	<b>Transaction ID:</b> D109874 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2720	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	0	7												
City Little Rock State AR Zip Code 72203-2720	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Mark Lunsford Pryor	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 00																					
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Max Baucus	<b>Transaction ID:</b> D109869 <b>Date of Disbursement</b>																				
Mailing Address PO Box 586	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	0	7												
City Helena State MT Zip Code 59624-0586	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Max Baucus	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District: 00																					

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

42200.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Forward Together PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert M. Keats

Mailing Address 3546 S Ocean Blvd

City  
Palm Beach

State  
FL

Zip Code  
33480-5739

Purpose of Disbursement  
Refund

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109002

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Forward Together PAC

A.

Full Name (Last, First, Middle Initial)

Markell For Governor

Mailing Address PO Box 7208

City  
Wilmington

State  
DE

Zip Code  
19803-0208

Purpose of Disbursement  
Contribution

Candidate Name  
Jack Markell

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D110011

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	0	7

Amount of Each Disbursement this Period

1200.00

SUBTOTAL of Disbursements This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

1200.00

Form/Schedule: **F3XN**

Transaction ID:

Please be advised that all operating expenditures detailed in Schedule B, Line 21(b) are generic operating expenditures incurred on behalf of Forward Together PAC. The detailed operating expenditures were not made on behalf of specifically identified federal candidates. Moreover, the expenditures were not for public communications and/or voter drive activity containing express activity. This Report also serves as Forward Together PAC's 2007 Year-End Report.

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